Performance

Report

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| Name of service: | Omeo District Health |
| Service address: | 12 Easton Street OMEO VIC 3898 |
| Commission ID: | 4461 |
| Approved provider: | Omeo District Health |
| Activity type: | Site Audit |
| Activity date: | 27 June 2023 to 30 June 2023 |
| Performance report date: | 21 August 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Omeo District Health (**the service**) has been prepared by Stewart Brumm, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 31 July 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers/representatives said they were treated with dignity and respect by staff, with their identity and culture valued. Consumers said they are able to maintain their identity and staff support them with this. Staff were able to describe the ways in which consumers’ identity, culture and diversity were respected and valued. Sampled consumer’s care planning documentation showed individual cultural needs, dignity and respect were considered. Staff were observed to be respectful towards consumers during all interactions.

Consumers/representatives said that they receive culturally safe care and services, and staff are familiar with consumer’s needs and recognise their beliefs, customs, values and practices. Consumers stated they could express their cultural identity and interests and gave examples of how staff support them to meet their cultural preferences.

Consumers/representatives said they are involved in and supported to make decisions about their care. Consumers provided feedback that they are supported to make and maintain connections and relationships, both within and outside of the service, and are encouraged to participate in activities to keep them connected with others. Representatives interviewed confirmed they are happy with the care being provided to the consumer and that the service involves them in the care planning decisions of the consumer.

Consumers/representatives confirmed they are supported to make choices based on risk assessment and awareness of consequences to promote independence of choice for their care and live the best life they can. Staff described how they provide relevant information so that consumers can make risk-based decisions on how they live their best life.

Consumers were able to explain how information was provided to them so they could make decisions about meals, activities, care, and services each day. Staff were able to describe several ways that information was delivered to consumers regarding their care and services, to enable consumers to practice their own choices. The service also holds quarterly Resident and Relative Meetings and pro-actively seeks feedback from consumers.

All consumers and representatives interviewed said staff respect their privacy, including during family visits. The Assessment Team observed staff speaking respectfully to consumers and knocking on doors before entering their rooms.

I have considered the information presented by the Assessment Team and I am persuaded by the consumer and representative feedback in determining my findings.

I find this standard compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers/representatives said they are satisfied with the care they receive and the management of risks they wish to take. Management and clinical staff said that assessments were documented in care plans. Consumer documentation and care plans identified key high impact and high prevalence risks such as skin integrity, pain and changed behaviours. The Approved Provider demonstrated assessment and care planning practices inform the delivery of safe and effective care and services and included consideration of risks to the consumer’s health and well-being.

Consumers/representatives said they have discussed their current care needs, goals and preferences, including end of life care. Assessments including, but not limited to, behaviour, personal hygiene and communication contained individualised preferences and goals of care. Consumers’ care plans documented end of life care plans. Clinical staff described the manner in which assessments were conducted and end of life planning was discussed.

Consumers/representatives said they are satisfied with the assessments and planning they participate in and said that the service supports them to include others they choose to involve in their care. Care planning reviews for the sampled consumers identified that consumers and their representatives are consulted in assessments and care planning, and that these include input from other multidisciplinary team members. Clinical staff and management described the gathering of information from the consumer, their representatives and others who had been involved in their care.

Consumers/representatives sampled said the outcomes of assessments and planning are communicated to them. Clinical staff explained how they documented care plans and progress notes and said they talked with consumers and allowed time for them to ask questions. Management said staff were directed to offer and provided care plans to consumers and representatives.

Consumers/representatives said they were involved in regular care plan reviews and when circumstances change. Clinical staff said that they managed the monthly reviews and documented changes in the electronic care management system, and this was confirmed by Assessment Team review of care plans.

The Approved Provider is currently reviewing and updating polices to reflect current best practice.

I have considered the information presented by the Assessment Team and I am persuaded by the consumer and representative feedback in determining my findings. I also note the current improvement activity being undertaken to update policies at the service.

I find this standard compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers/representatives were satisfised with the care they received and believed that it was tailored to their needs and optimises their health and well-being. Clinical staff demonstrated that they understand the personal and clinical needs of each consumer. Care planning documentation for consumers reflected individualised care that was safe, effective, and tailored to the needs and preferences of the consumer. The service had policies including but not limited to restraint practices, falls prevention and skin integrity.

Management reported effective falls prevention, management of unexpected weight loss and skin integrity, and minimising infections. Consumers/representatives were satisfied that high impact or high prevalence risks were managed well.

Consumers said they had documented end of life plans and confirmed that staff had spoken to them about advance care planning and preferences. Clinical staff say they attend to oral care, skin care and pain management and supported families during palliation of a consumer. The care planning documents detailed consumers’ advance care planning information, including choices and end of life preferences.

Consumers/representatives said changes in consumers’ care needs were recognised and responded to in a timely manner. Staff were trained to recognise and respond to deterioration and review of care planning documents, progress notes and charting demonstrated that deterioration in a consumer’s health, capacity and function were recognised and responded to.

Consumers said they were aware information about their care and preferences was documented and believed that it was well communicated among staff. Staff described how information about consumer needs and preferences was communicated through accessing care plans and progress notes, verbal handover and the transfer of information from general practice software. Review of care plan documentation demonstrated that information is specific to each consumer and was available to internal and external providers of care and support.

Consumers/representatives reported that they could access external health providers most of the time and the service provided evidence that timely and appropriate referrals. Clinical staff described the process for referring consumers to health professionals and allied health services including through their use of a remote area health care provider for services not located in their isolated area. Consumers’ care planning documentation included input from other services such as general practitioners, physiotherapists and geriatricians.

All consumers and representatives interviewed said they were satisfied with the service’s management of COVID-19 precautions and infection control practices. Staff interviewed said they used infection-minimising practices such as hand hygiene, use of appropriate personal protective equipment and outbreak management processes. Clinical staff interviewed demonstrated an understanding of how to minimise the need for antibiotics and ensure they are used appropriately. The service has a current antimicrobial stewardship policy and a draft outbreak management plan.

I have considered the information presented by the Assessment Team and I am persuaded by the consumer and representative feedback, and staff demonstration of knowledge of the systems and processes in determining my findings. I also note the current improvement activity being undertaken to update policies at the service.

I find this standard compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers/representatives were satisfied that they can participate in the activities and received the supports for daily living that meet their needs, goals and preferences. Consumers said their independence and quality of life was supported. Care planning documentation detailed the consumers’ consumers’ choices, lifestyle likes and dislikes, social and religious affiliations. Lifestyle staff captured individualised information and documented in the leisure, lifestyle and wellbeing care plan and this is reviewed 4 monthly and updated as required.

Consumers/representatives said there are services and supports for daily living that promote their emotional and spiritual well-being. Lifestyle staff described the supports in place that promote consumers emotional, spiritual and psychological well-being. Care planning documentation outlined each consumers’ emotional and spiritual needs with options in place to support meeting these needs.

Consumers/representatives said they were supported by the Approved Provider to participate in activities in and out of the aged care service as they wish. The Approved Provider demonstrated that it supported consumers to maintain social and personal relationships and to do the things of interest to them. Staff described how some consumers participated in the wider community and maintained long term friendships and relationships. The Assessment Team observed the monthly activity program displayed in all communal areas and available to each consumer.

The Approved Provider used information in the electronic care management system to ensure that consumer information was shared where care was provided, and celebrations or special activities would be appreciated.

The Approved Provider demonstrated that they make the most of the lifestyle services and volunteers available in their remote town. Staff described how different people in the town and volunteer groups supported the consumers in the aged care service. The monthly activity calendar and care planning documentation demonstrated how the consumers were supported to participate in activities provided by outside groups.

Consumers/representatives expressed differing views about the meals provided in terms of choice, variety and quality. Staff described individual consumer dietary needs and preferences were met and how any changes were communicated. The Assessment Team reviewed the diet requirements forms that document and communicate each consumers dietary needs, allergies, likes and dislikes. Management described their plans for improvements to the food and dining experience. The Assessment Team observed that the dining area and meal support as being pleasant for consumers.

Consumers/representatives said that the lifestyle related equipment was suitable for their needs, clean, well maintained and was safe. Staff said they had adequate training in the use of the equipment and demonstrated awareness of how to report any maintenance issues.

I have considered the information presented by the Assessment Team and I am persuaded by the consumer and representative feedback, I also note the current improvement activity being undertaken to improve staff knowledge of using the electronic care management system, and management’s commitment to review the meals provided.

I find this standard compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers/representatives said they felt at home in the service and that the homely aspects of the service environment helped with their sense of belonging. Consumers/representatives said they could easily move around the service. The Assessment Team observed that consumers were surrounded by some personal furnishings and decorations in their bedrooms. The Assessment Team observed the environment to be welcoming with plenty of space for consumers, no clutter, adequate lighting and clear signage to aid navigation around the service for consumers and visitors.

Consumers/representatives said the service environment is clean, well maintained and comfortable. The Assessment Team observed the service environment to be safe, clean and well maintained with an outdoor courtyard to be easily accessible for consumers while external verandas were being replaced.

Consumers/representatives said the furniture and equipment was safe, clean, well maintained and suitable for consumer use. Staff members interviewed described the process for logging a maintenance request and the protocol involved. The cleaning staff described their daily schedules and additional duties performed when COVID-19 or similar was present in the service. The Assessment Team observed that furniture and equipment was clean and well maintained throughout the service.

I have considered the information presented by the Assessment Team and I am persuaded by the consumer and representative feedback, and staff demonstration of knowledge of the systems and processes in determining my findings.

I find this standard compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers/representatives provided feedback that they feel encouraged and supported to provide feedback and make complaints. Staff were able to describe the feedback and complaint mechanisms of the service and how they support consumers and representatives to make complaints. The Assessment Team observed feedback forms and lodgement boxes in a few areas of the service. The Approved Provider has policies and procedures available in relation to encouraging and support consumers and others to provide feedback or make complaints.

Consumers/representatives know how to make a complaint or provide feedback by speaking directly to a relevant person, through phone calls, email or in writing. Consumers and representatives interviewed were aware of advocates, language services and other methods for raising and resolving complaints. Staff described how they provide information to consumers and representatives in relation to advocacy services, feedback, and complaints. The Approved Provider has documented policies on consumer feedback and use of interpreter services that includes information in relation to advocacy supports and external complaints mechanism information to be provided to consumers.

Consumers/representatives interviewed said they are satisfied with the service’s ability to promptly respond to feedback and complaints. Staff said that they support consumers to provide feedback and make a complaint. Staff described steps they would take when a consumer raises a concern with them including listening to their concerns and understanding what has occurred. The Approved Provider has documented policies on feedback and complaints, open disclosure to guide staff in responding to feedback and complaints.

Consumers/representatives interviewed said that they felt feedback and complaints provided at consumer meetings and through other mechanisms was used to improve the quality of care and services. Management was able to detail processes by which the feedback provided is used to improve services. The Approved Provider has documented policies in relation to using feedback and complaints.

I have considered the information presented by the Assessment Team and I am persuaded by the consumer and representative feedback, and staff demonstration of knowledge of the systems and processes in determining my findings.

I find this standard compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers/representatives said they are satisfied with the quality of staff and care provided and that consumers feel safe. They said the service appears to not have enough regular/permanent staff; however, they are satisfied the consumer’s current needs are being met with the employment of agency staff. Consumers said call bells are answered promptly and the observations by the Assessment Team indicate staff are available when consumers need them. The nurse unit manager adjusts the allocations and shift times accordingly to ensure appropriate staff combinations to enable continued safe and effective delivery of care.

Consumers/representatives said staff are kind, caring and gentle when delivering care and services. They said staff are respectful of their identity and diversity and understand their background and cultural preferences. Interactions observed by the Assessment Team appeared kind, caring and respectful of each consumer’s identity, culture and diversity.

Consumers/representatives felt confident staff are sufficiently skilled to meet consumer care needs. The staff members interviewed felt they were competent to provide the care the consumers needed at the service. Management described processes to ensure the workforce is competent and have the qualifications or knowledge to effectively perform their roles. The Assessment Team identified some overdue training and competency assessments; however I note there was no identified impact on care and services.

Consumers/representatives said they did not think there are any areas where staff require more training and expressed confidence in the abilities of the staff in delivering care and services. Management stated they supported staff to deliver care and services that meets consumer’s needs and preferences and the Quality Standards. The Assessment Team identified some overdue training and competency assessments; however I note there was no identified impact on care and services.

Management advised that staff performance development reviews are undertaken as close as possible to the individual staff anniversary dates, however the process has been inconsistent within the service. A process change for staff performance reviews and better tracking is being implemented across the service. The Approved Provider has a documented staff appraisal procedure, noting the procedure is out of date and due for review.

I have considered the information presented by the Assessment Team and I am persuaded by the consumer and representative feedback in determining my findings. I note the identification of overdue training and competencies and the out of date staff appraisal procedure; however I also not there is not identified impact. I have put weight on the feedback provided by consumers that their care needs are being met.

I find this standard compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers and their representatives are confident that the service is run well, and that they are satisfied with their level of engagement in the development, delivery and evaluation of care and services. They confirmed that the Approved Provider had sought their feedback and input in various ways, such as through Resident and Relative Meetings, surveys, face to face discussions and via feedback/complaints forms. Consumers/representatives said they feel included in discussion around care planning and management. Management detailed the process by which consumers are engaged to partner in the development, delivery and evaluation of the care and services they receive.

The organisation’s governing body promotes, and is accountable for, the delivery of quality care and services and a culture of safe and inclusive care for consumers at the service. The organisation’s policies and procedures include information as to how the governing body promotes a culture of safe, inclusive and quality care and services that is evident throughout the documentation detailed in committee reports and consumer information. Consumers/representatives stated the organisation does promote a culture of safe, inclusive, and quality care and is accountable for its delivery.

The Approved Provider has risk management systems implemented to monitor and assess high impact or high prevalence risks associated with care of consumers including identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can. Risks are reported, escalated, and reviewed by management at the service level and the organisation’s executive management including the governing body through the use of an incident management system. Feedback is communicated through service and organisation meetings leading to improvements to care and services for consumers. Staff interviewed were able to explain the processes of risk management at the service, including key areas of risk that had been identified and is being mitigated.

The organisation’s documented clinical governance framework has been implemented at the service and management and staff apply the principles of the framework when providing clinical care. Staff interviewed described processes in relation to the clinical governance framework such as minimising restrictive practices, implementing antimicrobial stewardship strategies and providing open disclosure to consumers and representatives when things go wrong. The Assessment Team observed documentation such as quality & safety reports that discussed these key areas and strategies for implementing this framework.

**In relation to requirement 8(3)(c)**

The Assessment Team provided information that observed documentation and staff and senior management interviews demonstrated ineffective organisation wide governance systems in relation to areas including continuous improvement, information management, regulatory compliance and feedback and complaints. Consumers and representatives provided feedback that they felt the service encourages feedback and complaints and uses this information for continuous improvement. Staff were able to describe key principles of the organisation wide governance systems such as feedback and complaints, and regulatory compliance. However, the management team have identified that not all policies and procedures are up to date and this and it has been added to the continuous improvement register for actioning in the coming months.

The Approved Provider provided a response that included clarifying information to the Assessment Team report as well as supporting documentation including a policy and procedure framework, updated policies and procedures and evidence of communication with staff. The Approved Provider identified that the some operations and processed had been impacted prior to the site audit including the covid-19 pandemic and local area emergencies. The Approved Provider has undertaken a range of improvement activities since the Site Audit, including updating policies and procedures, introducing new processes to support consumers and staff.

I note there was no identified impact on consumer care or safety identified by the Assessment Team in relation to the deficits in organisational governance. I also note the recommendation of met by the Assessment Team for all other requirements.

I have considered the Assessment Team information as well as the Approved Provider response and I am satisfied that the Approved Provided has taken reasonable steps to

I have considered the information presented by the Assessment Team and I am persuaded by the consumer and representative feedback in determining my findings. I note the identification of overdue training and competencies and the out of date staff appraisal procedure; however I also not there is not identified impact. I have put weight on the feedback provided by consumers that their care needs are being met.

I find this standard compliant.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)